



VOLUNTEER APPLICATION FORM

The following information is required in order to help us screen and assign our volunteers. The information you provide to us will be held completely confidential.

Name

Street Address

City, State, Zip Code

Home Phone

Work Phone

Cell Phone

Email Address

Is this volunteer/intern experience for a class or credit? ____ Yes

If yes, please give the professor/instructor/advisor information and total number of hours required for credit?

Occupation: _____

Employer/School _____

Employer/School Address _____

Please indicate your availability: (Please be specific about how many hours per week/month, days of week, times of day, what date first available):

Can you commit up to six months or more: ____ Yes ____ No

Do you have any physical limitations that would prevent certain volunteer work?
If yes, please explain:



Why do you wish to volunteer at Sojourner?

Have you had any experience or training on issues of domestic violence?

Are you interested in participating in training opportunities to increase your understanding of domestic violence? _____ Yes _____ No

Do you speak a language other than English? If yes, what is (are) language(s)?

Do you have a car and are you willing to transport program participants?

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

We want to fulfill your volunteer service objectives. In order to assist us in creating an opportunity that meets your expectations, we ask that you take a moment to review the list below and then check those items in which you would like to work, have an interest in or skill to share. Training and supervision can be provided for all volunteer opportunities. THANK YOU!

Administrative Support

- Clerical Projects
- Data Entry
- Donation Room Worker
- Mailings
- Reception Desk

Communications/Public Relations

- Graphics Designer
- Media Relations
- Newsletter Publications
- Photography
- Speaker's Bureau



Facilities Management

- Carpentry/Handyman
- Donation Pick-up
- Equipment Repair
- Furniture Repair
- Landscaping
- Painting

Advocate/Client Support

- Help
- Crisis Line
- Child Care
- Relief Advocates
- On-call Intervention Advocate
- Support Group Facilitation
- Transportation

Recreation/Creative Activities

- Arts/Crafts – Children
- Arts/Crafts – Adults
- Health and Awareness – Children
- Health and Awareness – Adult
- Recreation Games – Children
- Music and Movement
- Special Events – Holiday Dinner/Parties
- Story Telling – Children
- Transportation

Other:

List any other skills or talents: _____

Do you have any additional questions? _____

Your emergency contact:

Name	Relationship	Phone
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- I understand that the above information may be verified.
- I understand that the volunteer relationship with Sojourner may be terminated by either party and any time.
- I understand that if I am currently seeing a counselor/therapist regarding issues of domestic violence rape and/or sexual abuse, that I need to talk with that therapist/counselor to determine if volunteering at Sojourner would be appropriate for you at this time.